Michigan Health Maintenance Organization Plans, Inc. (in Liquidation)

Formerly OmniCare Health Plan in Rehabilitation

Ingham County Circuit Court File No. 98-88265-CR

For Office Use Only:
Date Proof Received:_____
Proof of Claim #:_____

"PROOF OF CLAIM"

MICHIGAN HEALTH MAINTENANCE ORGANIZATION PLANS, INC. (in LIQUIDATION)
(FORMERLY OMNICARE HEALTH PLAN IN REHABILITATION)

DEADLINE FOR FILING: MARCH 31, 2005

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM. EACH SECTION MUST BE FULLY COMPLETED. INSTRUCTIONS ARE ATTACHED. IF ADDITIONAL COPIES ARE NEEDED, PLEASE PHOTOCOPY OR DOWNLOAD FORM: WWW.OCHP.COM. FILE A SEPARATE "PROOF OF CLAIM" FOR EACH BATCH OF CLAIMS.

PERSON OR ENTITY MAKING CLAIM AGAINST MICHIGAN HEALTH MAINTENANCE ORGANIZATION PLANS, INC. (formally OmniCare Health Plan in Rehabilitation):

1. NAME:_____

2. MAILING ADDRESS:_____

4. TELEPHONE NUMBER (DAYTIME): _____

5. **CLAIM IS FROM: (Check "X" or specify below)**

   A. ( ) Member Provide Social Security or OmniCare ID No:_____

   B. ( ) Provider Federal tax I.D. No. of Payee:_____
   Social Security No. of Payee:_____(if applicable)

   Providers **Note: E**ach member claim must be submitted on UB 92 or CMS 1500 (HCFA 1500) claim forms. Also see "Instructions" (No. 1) about the "Proof of Claim" process for already adjudicated member claims.

   C. ( ) Trade Creditor for amounts owed on open account Social Security or Federal Tax I.D. No:_____

   D. ( ) All other claims - please explain and provide Social Security or Federal Tax I.D. No. :_____

6. In the space below give a CONCISE STATEMENT of the FACTS giving rise to your claim. Attach additional sheets if required.

7. **NUMBER OF CLAIMS: AND TOTAL AMOUNT OF YOUR CLAIM(s)**: $_____ . If amount of claim is unknown, insert words "Unstated Amount." Provider claims amount would be based on 'charges'. You may amend your timely filed claim up until the final date of adjudication. Please attach all documents, contracts and invoices. If they are voluminous, please attach a summary.

8. No part of the debt has been paid, except_____

9. There are no setoffs or counterclaims to the debt, except_____

10. There is no security for the debt, except_____

The undersigned claimant affirms that the representations and information contained in this "Proof of Claim" are true and correct to the best of your knowledge. You also understand that any statements or representations contained herein which knowingly present a false claim is a criminal offense punishable under Michigan Law.

Dated:_____

_____
Claimant's Name (please print or type)

Signature_____

Title (if applicable)_____

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